

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Scott Boyd, et al.

: Art Unit: 3714

Serial No.: 10/663,379

: Examiner: Thomasson, Meagan J.

Filed: September 15, 2003

:

For: SYSTEM CONTROLLED
PLAYER-RELATED BONUSES
IN GAMING MACHINES

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

1. Amendment Transmittal (3 pages)
2. Amendment After Final Rejection (25 pages)

STATUS

2. Applicant



claims small entity status.



is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

(a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 460.00	\$ 230.00
third month	\$1,050.00	\$ 525.00
fourth month	\$1,640.00	\$ 820.00

—	fifth month	\$2,230.00	\$1,115.00
—		Fee:	\$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of ____ months has already been secured. The fee paid therefor \$____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$____

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMDT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE OR x \$50.00 = \$
				ADDITIONAL RATE FEE OR x \$100.00 = \$	ADDITIONAL RATE FEE OR + \$180.00 = \$	
TOTAL INDEP.	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ ____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

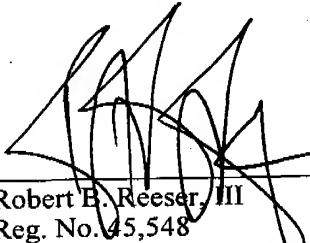
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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